E <b>1040</b>		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		(99) Jrn 2	02	0	OMB No. 15	545-007	4 IRS Use C	Dnly—	Do not w	ite or staple	in this space.
Filing Status Check only one box.	lf yo	Single X Married filing jointly unchecked the MFS box, enter the name of is a child but not your dependent	ame of y	ed filing sepa vour spouse.									
Your first name	and m	iddle initial	Last nar	ne						,	Your so	cial securi	ty number
PRASHAN	гн		NAMA								784-4	19-591	4
If joint return, s	pouse's	s first name and middle initial	Last nar	me						:	Spouse's	s social se	curity number
PAVANI			RALL	APALLI							961-9	98-946	1
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.					Apt. no.		Presider	ntial Electi	on Campaign
2718 CA	ITER	BURY BLVD							6			ere if you,	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete sp	baces below.		State	Э	ZIP	code				ntly, want \$3 Checking a
FORT WAY	ΖNE					IN		46	835			w will not	
Foreign country	/ name		F	oreign provinc	ce/state/c	ounty	/	Fore	eign postal co	de	your tax	or refund.	
												You	Spouse
At any time du	ring 20	020, did you receive, sell, send, exch	nange, o	r otherwise a	acquire a	any fi	inancial int	erest in	any virtual	curr	rency?	Yes	🗙 No
Standard Deduction	_	eone can claim:  You as a de Spouse itemizes on a separate return	•		•		a depender	nt					
Age/Blindness	You	Were born before January 2, 1	956 🗌	Are blind	Spo	use:	Was	born be	fore Janua	ry 2,	1956	🗌 ls bl	lind
Dependents	s (see	instructions):		(2) Socia	l security		(3) Relatio	nshin	(4)	if au	alifies for	(see instru	ictions):
If more		irst name Last name		num			to you		Child ta				her dependents
than four	AIS	SHITHA NAMA		154-67	7-3319	)	Daught	er		<			
dependents,									Г	1			
see instructions and check	s ——									1			
here										1			
	1	Wages, salaries, tips, etc. Attach F	orm(s) V	V-2							1		
Attach	2a	- · · · · ·	2a			<b>h</b> Ta	xable inter	est			2b		
Sch. B if	3a	· –	3a				dinary divi				3b		
required.	4a	IRA distributions	4a				xable amo				4b		
	5a	Pensions and annuities	5a			b Ta	xable amo	unt.			5b		
Standard	6a		6a			<b>b</b> Ta	xable amo	unt.			6b		
Deduction for-	7	Capital gain or (loss). Attach Sched		required. If	not requi	ired.	check here	э.		•	7		
<ul> <li>Single or Married filing</li> </ul>	8	Other income from Schedule 1. line				,					8		-5,500.
separately,	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a		his is your <b>t</b> o	otal inco	me					. 9		<u>84,524.</u>
<ul><li>\$12,400</li><li>Married filing</li></ul>	10	Adjustments to income:											
jointly or	а	From Schedule 1, line 22						10a					
Qualifying widow(er),	b	Charitable contributions if you take					-	10b	2	250	_		
\$24,800 • Head of	c	Add lines 10a and 10b. These are					L						250.
household,	11	Subtract line 10c from line 9. This	-	-							· 11		84,274.
\$18,650 ! • If you checked	12	Standard deduction or itemized								-	12		24,800.
any box under Standard	13	Qualified business income deducti				'				-	13		,
Deduction,	14	Add lines 12 and 13									14	-	24,800.
see instructions.	15	Taxable income. Subtract line 14	from line	e 11. lf zero	or less. e	enter							59,474.
For Disclosure		Act and Paperwork Beduction Act N					•						<b>1040</b> (2020)

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1**U4U** (2020)

You Owe For details on how to pay, see instructions. Third Party Designee Sign Here Joint return? See instructions. Keep a copy for your records. Paid Preparer Use Only Go to www.irs.go	ins De: nar Und bel You Spe Phe SYAM Firr Firr	EMPLOYER     (see       puse's signature. If a joint return, both must sign.     Date     Spouse's occupation     If the lident is the l	pelow. fication prepar e IRS se ection P inst.) ► e IRS se tity Prot inst.) ►	to f my knowledge and er has any knowledge. Int you an Identity N, enter it here tyour spouse an ection PIN, enter it here Check if: Self-employed (678) 965–9522
For details on how to pay, see instructions. Third Party Designee Sign Here Joint return? See instructions. Keep a copy for your records. Paid Preparer Use Only	Do ins Dee nar Unibel You Spo Pho Pre SYAM Firr Firr	2020. See Schedule 3, line 12e, and its instructions for details.         Estimated tax penalty (see instructions)	pelow. fication prepar e IRS se ection P inst.) ► e IRS se tity Prot inst.) ► 2703 ne no.	st of my knowledge and ter has any knowledge. Int you an Identity IN, enter it here Int your spouse an ection PIN, enter it here Check if: Self-employed (678)965-9522 30-1017196
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For details on how to pay, see instructions. Third Party	Do	2020. See Schedule 3, line 12e, and its instructions for details.         Estimated tax penalty (see instructions)         you want to allow another person to discuss this return with the IRS? See tructions         tructions         Yes. Complete to the tructions	pelow.	
For details on how to pay, see instructions. Third Party	Do	2020. See Schedule 3, line 12e, and its instructions for details.         Estimated tax penalty (see instructions)         you want to allow another person to discuss this return with the IRS? See		
For details on how to pay, see	38	2020. See Schedule 3, line 12e, and its instructions for details.		
For details on				
You Owe		Note: Schedule H and Schedule SE filere line 27 mer set represent all of the target represent all		
Allount	51			
Amount	37	Subtract line 33 from line 24. This is the <b>amount you owe now</b>	37	
	►d 36	Account number $9$ $0$ $6$ $1$ $0$ $7$ $4$ $4$ $6$ $5$ $3$ $1$ $1$ $1$ $1$ $1$ $1$ $1$ $1$ $1$ $1$		
Direct deposit? See instructions.	►b	Routing number       0       7       5       9       1       1       9       8       8       ► c Type:       Checking       Savings         Account number       9       0       6       1       0       7       4       4       6       5       Image: Savings		
Refund	35a	Amount of line 34 you want <b>refunded to you.</b> If Form 8888 is attached, check here	35a	4,369.
	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	4,369.
	33	Add lines 25d, 26, and 32. These are your total payments	33	9,111.
	32	Add lines 27 through 31. These are your total other payments and refundable credits	32	2,900.
	31	Amount from Schedule 3, line 13		0.000
see instructions.	30	Recovery rebate credit. See instructions		
combat pay,	29	American opportunity credit from Form 8863, line 8	4	
<ul> <li>If you have nontaxable</li> </ul>	28	Additional child tax credit. Attach Schedule 8812		
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)		
If you have a	26	2020 estimated tax payments and amount applied from 2019 return	26	
	d	Add lines 25a through 25c	25d	6,211.
	С	Other forms (see instructions)		
	b	Form(s) 1099		
	а	Form(s) W-2		
	25	Federal income tax withheld from:		
	24	Add lines 22 and 23. This is your <b>total tax</b>	24	4,742.
	23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	4,742.
	21	Add lines 19 and 20	21	2,000.
	20	Amount from Schedule 3, line 7	20	
	19	Child tax credit or credit for other dependents	19	2,000.
	18	Add lines 16 and 17	18	6,742.
	17	Amount from Schedule 2, line 3	17	
		Tax (see instructions). Check if any from Form(s): 1 🗌 8814 2 🗌 4972 3 🗌	16	6,742.
	16			